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SOCIAL SERVICE WORK IN HOSPITALS

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The promotion of public health is only part, though perhaps the largest part, of the usefulness aimed at by those who have been active in establishing social workers side by side with physicians in hospital work. The social worker is needed in the hospital to make the place less grim, to keep the standard of good manners and decency higher than it otherwise tends to be, to bring to bear upon hospital routine and hospital management the criticism of a friendly, yet keen-sighted, observer, and to focus upon each individual patient all the forces of helplessness existing in the charities, the churches, the labor unions, lodges and other voluntary associations, as well as the opportunities for recreation and education of which the patient may be especially in need.

All these types of usefulness are distinguishable from that which makes the social worker in hospitals part of the public health movement. For I take it that all activities on behalf of public health are characterized by their special interest in *prevention*, and in the *care and preservation of health in large masses of people* rather than in the individual sufferer, after sickness has invaded him. I shall leave out of account, therefore, a large part of what seem to me the most beneficent and important activities of the hospital social worker. His efforts to civilize and colonize those dreary and uncultivated wastes ordinarily known as hospitals cannot be dealt with in this article.

Some hint of the *preventive* work done by hospital social workers may be obtained from the following story: A young infant entered the wards of the Massachusetts General Hospital early one summer, a few years ago, for a stomach and bowel trouble, of the ordinary fermentative or "food" type. The baby was treated in the wards for about three weeks and perhaps thirty dollars' worth of care was expended upon it. At the end of that time it seemed entirely well and was delivered over to the mother, according to

the hospital custom, without any special instruction as to the future. The mother, therefore, continued, in the same generous and whole-hearted manner which had characterized her previous actions, to give the baby a little of everything that was going. Not many weeks passed before the baby's digestive tract was as thoroughly upset as it had been the first time and as anyone could have predicted would be the case again, if the hospital neglected its duties toward preventive medicine.

In this case the social worker undertook the instruction of the mother regarding the elementary principles of infant feeding, found her very amenable to the teaching and succeeded in this way in preventing another relapse.

The waste of money as well as of human energy and suffering entailed by the failure on the part of most hospitals to take note of the public and preventive aspects of their work, is well illustrated by the case just described. Warning and instruction as to the future is most effective when a person has just experienced in the form of disease the consequences which make the need of such instruction come home to him. Every case of disease is thus an opportunity for the prevention of further disease through the opportunities which it affords for instruction to the sufferer and to his family and friends. We have recognized this fact in relation to the object lessons presented by the out-door treatment of tuberculosis, and of the diseases of infancy. All over the country we have visiting nurses doing preventive work against tuberculosis and infant mortality in connection with hospital clinics. But we have not sufficiently realized as yet that in the functional and nervous diseases, in many affections of the joints, the gastro-intestinal tract and the circulation, almost every case which presents itself at a clinic, should be a finger-post pointing to the need of preventive work in the home. Such cases issue, in most instances, out of a hot-bed of home conditions which are bound to sprout more of the same.

At the present juncture when these opportunities for preventive work are recognized and met through district nurses only in the field of tuberculosis and infant mortality, the social worker has to pick up what is left and do the work of hygienic instruction for all the rest of the preventable diseases. Such teaching may be given at the clinic, but is usually more effective in the home where the

worker can see and attempt to overcome the special obstacles presented by housing conditions, industrial derangements and domestic friction.

Another type of preventive work which the hospital social worker finds ready to her hand, concerns the problems of industrial hygiene. Every case of lead poisoning, for example, should be the occasion and the incentive for investigation of the conditions of work which are responsible, wholly or in part, for the disease. The social worker is not content with following up the radiating suggestions of possible disease in other members of the *family* of each patient. The other members of the *trade*, perhaps similarly exposed to disease, loom up before her vision. Are the conditions of ventilation, of posture, of temperature, such as they should be in the shop where this patient works, or are they such as to be preparing, beyond reasonable doubt, a fresh supply of cases similar to that which presents itself at the clinic? Are the hours of work such as must inevitably maim a certain percentage of all who undertake it? If so, it is the business of the social worker to advertise these facts and to do what she can to change them.

Besides the preventive work accomplished by the education of the patient, so that he shall not fall into similar misfortune in future, besides the warnings given to his family and, through them, to his neighborhood, I have sketched in the previous paragraph the preventive work of the hospital social worker in the field of industrial hygiene. A third opportunity for preventive work is the education of the hospital physicians. We ordinarily say very little about this part of the work which, nevertheless, is one of the most important branches. Physicians are, just now, undergoing a process of conversion or regeneration whereby the interest of the general public is becoming paramount in their work. There is no more fruitful field for such conversion than the well-equipped hospital clinic with the social worker as part of the equipment. Physicians learn all the more swiftly for not being conscious of the process. They come in time to look on each patient, not only as an opportunity for diagnosis and treatment, not only as a subject for medical instruction, but still more as a symptom of some disease in the community which, from the social point of view, is far more important than the individual sufferer. Each physician, so educated, finds his world transformed, and can never be content

again with the unmitigated medical régime. He becomes a live wire for preventive medicine.

Hospital administrators, trustees and managers are also subject to inoculation, though usually more resistant, because their contact with the social worker is less direct and less frequent. Nevertheless their influence for preventive medicine, when once they become aroused to the fact that the hospital is primarily a public servant, like the public school, is wider and deeper than that of the staff physician.

Still another group of persons, who are rapidly becoming transformed into missionaries for public health, owing to their contact with hospital social workers, is the great body of the social workers at large. Indeed they are becoming almost too medical—too exclusively hygienic in their outlook. The programs of modern charity conferences are apt to be overshadowed by topics like tuberculosis, infant mortality, venereal disease, alcoholism, industrial accidents and insanity. Preventive philanthropy has come to be practically identical with preventive medicine, and while one may regret this from the point of view of philanthropy itself, it is an enormous gain to preventive medicine. Indeed it may be said that the social workers have initiated most, if not all, of the great campaigns against disease that have been taken up in this country during the past decade.

It must be evident from what has been said that the work of the district nurse is scarcely to be distinguished from that portion of the hospital social worker's activities concerned with preventive medicine. All the so-called tuberculosis nurses, all the school-nurses, all of those engaged in the work for young infants, are busy upon the same tasks which occupy the hospital social worker, since they are supposed to instruct as well as to nurse their families, and to extend their teaching as widely as they can into the family and the neighborhood.

Considerable confusion and some bitterness arises not infrequently out of the fact just mentioned—that the social worker is often asked to do nurses' work. For the technical duties of the nurse the social worker is, of course, unfitted, and no one is more vividly aware of this fact than the nurse, who is apt, therefore, to regard the social worker as an unqualified intruder. On the other hand, the social worker herself is apt to become narrow and

distracted from her proper path, owing to the multitude of purely medical tasks which she is called upon to perform. Nevertheless there arises out of this very confusion a broadening of the ideas and methods of the nurse who absorbs, more or less unconsciously, a good deal of the social knowledge which comes to her directly from the social worker and indirectly through the socially converted doctor. Doubtless there will issue out of this confusion a new synthesis of duties, a new recognition of the fact that medical needs form the best of all points of entrance for anyone who would be a missionary or a servant of the whole life of humanity.